

United States Coast Guard - DHS Agreement : <b>Number 1-2004</b>		OPM USE ONLY	OPM Codes <b>R</b>	Case Number
AGENCY USE ONLY (COMPLETE ITEMS 1 THROUGH 14 USING INSTRUCTIONS FROM THE BACK)				
1. SUBJECT'S FULL NAME			2. DATE OF BIRTH	
Last Name		First Name	Middle Name (Suffix)	Month Day Year
3. PLACE OF BIRTH (Use the two letter code for the State)			4. SOCIAL SECURITY NUMBER	
City	County	State	Country	
5. OTHER NAMES USED AND DATES WHEN USED				
Name	From Month Year	To Month Year	Name	From Month Year To Month Year
Name	From Month Year	To Month Year	Name	From Month Year To Month Year
6. SEX (Mark one box) Female Male		7. SPECIAL AGREEMENT CODES		8. POSITION TITLE
9. SON		10. SOI		11. IPAC-ALC Number
H	S	1	0	12. Accounting Data

## 13. OTHER INFORMATION REQUIRED BY AGREEMENT

a. CITIZENSHIP Mark the box at the right that reflects your current citizenship status, and follow its instructions.		I am a U.S. citizen or national by birth in the U.S. or U.S. territory/possession. ----- Answer items b and d
		I am a U.S. citizen, but I was NOT born in the U.S. -----Answer items b, c, and d
		I am not a U.S. citizen. -----Answer items b and e

(Code N) Bureau of Vital Statistics – Complete all blocks as required.

Mother's Full Name	Mother's Maiden Name	Father's Full Name
b.		

(Code I) Complete additional information needed for the INS check. All questions in item 13 (c-e) must be answered. If no response is necessary or applicable, indicate this on the form (for example, enter "None" or "N/A").

c. UNITED STATES CITIZENSHIP If you are a U.S. Citizen, but were not born in the U.S., provide information about one or more of the following proofs of your citizenship.					
Naturalization Certificate (Where were you naturalized?)					
Court	City	State	Certificate Number	Month/Day/Year Issued	
Citizenship Certificate (Where was the certificate issued?)					
City		State	Certificate Number	Month/Day/Year Issued	
State Department Form 240 – Report of Birth Abroad of a Citizen of the United States					
Give the date the form was prepared and give an explanation if needed.	Month/Day/Year	Explanation			
U.S. Passport					
This may be either a current or previous U.S. Passport			Passport Number	Month/Day/Year Issued	
d. DUAL CITIZENSHIP If you are (or were) a dual citizen of the United States and another country, provide the name of that country in the space to the right.				Country	
e. ALIEN If you are an alien, provide the following information:					
Place You Entered the United States	City	State	Date You Entered U.S. Month Day Year	Alien Registration Number	Country(ies) of Citizenship

14. Name and Title of Requesting Official	Signature of Requesting Official	Telephone Number ( )	Date
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# **USCG AUXILIARY/SECCEN**

## **Verification of U.S. Citizenship**

### **Section 1. Prospective Member or Current Member Information**

<u>Print Name: Last</u>	<u>First</u>	<u>M.I.</u>	<u>Maiden Name</u>
<u>Address (Street Name and Number)</u>		<u>Apt. #</u>	<u>Date of Birth (month/date/year)</u>
<u>City</u>	<u>State</u>	<u>Zip Code</u>	<u>Social Security #</u>

I attest that I am (check one of the following):

A U.S. citizen or national by birth in the U.S. or U.S. territory/possession.

A U.S. citizen, but was not born in the U.S.

I understand that any false statement contained herein is grounds for my disenrollment from the U.S. Coast Guard Auxiliary.

<u>Signature of Prospective Member or Current Member</u>	<u>Printed Name</u>	<u>Date</u>
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### **Section 2. Auxiliary Officer Review and Verification**

(To be completed and signed by an existing Auxiliary Officer/Authorized Representative. Examine one of the original documents listed and checked below. Then record the required information, if any, of the document.)

Birth Certificate showing that you were born in the United States of America

FS-240 (Report of Birth Abroad of a Citizen of the United States)

Month/Day/Year \_\_\_\_\_ Explanation \_\_\_\_\_

FS-545 (Certificate of Birth-Foreign Service)

DS-1350 (Certificate of Birth issued by U.S. Department of State)

A United States Passport (unexpired or expired)

Passport Number \_\_\_\_\_ Month/Day/Year Issued \_\_\_\_\_

A Certificate of U.S. Citizenship (INS Form N-560 or N-561) Where Issued?

City \_\_\_\_\_ State \_\_\_\_\_ Certificate # \_\_\_\_\_ M/D/Yr \_\_\_\_\_

A Certificate of Naturalization (INS Form N-550 or N-570) Where Naturalized?

Court \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Certificate # \_\_\_\_\_ M/D/Yr \_\_\_\_\_

**CERTIFICATION-** I attest that I have examined the document presented by the above-named prospective or current member, that the above checked document appears to be genuine and to relate to the prospective or current member named, thus does qualify for membership in the USCG Auxiliary.

<u>Signature of Auxiliary Officer/Authorized Representative Verifying Document</u>	<u>Date</u>
<u>Print Name of Auxiliary Officer/Authorized Representative Verifying Document</u>	

## UNITED STATES OF AMERICA

### AUTHORIZATION FOR RELEASE OF INFORMATION

Carefully read this authorization to release information about you, then sign and date it in black ink.

**I Authorize** any investigator, special agent, or other duly accredited representative of the authorized Federal agency conducting my background investigation, to obtain any information relating to my activities from schools, residential management agents, employers, criminal justice agencies, retail business establishments, or other sources of information. This information may include, but is not limited to, my academic, residential, achievement, performance, attendance, disciplinary, employment history, and criminal history record information.

**I Understand** that, for some sources of information, a separate specific release will be needed, and I may be contacted for such a release at a later date.

**I Authorize** custodians of records and sources of information pertaining to me to release such information upon request of the investigator, special agent, or other duly accredited representative of any Federal agency authorized above regardless of any previous agreement to the contrary.

**I Understand** that the information released by records custodians and sources of information is for official use by the Federal Government only for the purposes provided in this Standard Form 85, and may be redisclosed by the Government only as authorized by law.

Copies of this authorization that show my signature are as valid as the original release signed by me. This authorization is valid for two (2) years from the date signed.

Signature ( <i>Sign in ink</i> )	Full Name ( <i>Type or Print Legibly</i> )		Date Signed
Other Names Used			Social Security Number
Current Address ( <i>Street, City</i> )	State	ZIP Code	Home Telephone Number ( <i>Include Area Code</i> )